

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770271

Entity Name: SALVADORAN AMERICAN HUMANITARIAN FOUNDATION, INC.**FILED**
Jan 16, 2019
Secretary of State
7617803959CC**Current Principal Place of Business:**2050 CORAL WAY
600
MIAMI, FL 33145**Current Mailing Address:**2050 CORAL WAY
600
MIAMI, FL 33145 US**FEI Number: 59-2339140****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REYES, CARLOS R
2050 CORAL WAY
SUITE 600
MIAMI, FL 33145 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** CARLOS REYES

01/16/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name SIMAN, JOSE EDUARDO
Address 9500 NW 108TH AVENUE
City-State-Zip: MEDLEY FL 33178

Title VP
Name POMA, ERNESTO
Address 2121 SW 3RD AVE, 8TH FL
City-State-Zip: MIAMI FL 33129

Title D
Name AVILA, LEON R
Address 5901 SW 74TH STREET STE 302
City-State-Zip: MIAMI FL 33143

Title SD
Name LIE-NIELSEN, MAGDA
Address 3845 PARK AVENUE
City-State-Zip: COCONUT GROVE FL 33133

Title TRE
Name FREUND, WILLIAM
Address 10301 NW 7TH STREET
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name ARGUMEDO, GUILLERMO
Address 801 BRICKELL AVE
7TH FLOOR
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name BORJA DE MIGUEL, BEATRIZ
Address 5900 SW 84TH STREET
City-State-Zip: MIAMI FL 33143

Title DIRECTOR
Name NAZARI, MARIA
Address 99 BELBROOK WAY
City-State-Zip: AHERTON CA 94027

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAGDA LIE-NIELSEN**SECRETARY**

01/16/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HENRIQUEZ, RAUL
Address 777 BRICKELL AVE
SUITE 1010
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name ALVAREZ B., ERNESTO
Address 261 ISLAND DRIVE
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name SCHAPS, ROBERTO
Address 2871 OAK AVENUE
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name VILLAFANE, JULIO
Address 8200 NW 41 STREET
SUITE 400
City-State-Zip: MIAMI FL 33166

Title DIRECTOR
Name YAFFAR, ENRIQUE
Address 6915 RED ROAD
SUITE 223
City-State-Zip: CORAL GABLES FL 33143

Title DIRECTOR
Name SANDOVAL, OMAR
Address 11320 SW 102ND COURT
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name MELO, FERNANDO
Address 200 S BISCAYNE BLVD
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name SCHWARTZ, DANIEL
Address 1715 TIGERTAIL AVENUE
City-State-Zip: MIAMI FL 33123

Title DIRECTOR
Name YAFFAR, LIA
Address 809 MARIANA AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name CARMEN, VILLAFANE
Address 3220 SW 133 AVENUE
City-State-Zip: MIAMI FL 33175